



THESIS/DISSERTATION DEFENSE SCHEDULING FORM

Student Information:

Student's Full Name: _____

Student ID #: _____

Student's Email: _____

Program Level (e.g. Ph.D., M.S., etc.): _____ Academic Program: _____

Title of Thesis or Dissertation: _____

Defense Type (check box):

Master's Thesis Proposal

Master's Thesis Final Defense

Doctoral Proposal Defense

Doctoral Dissertation Final Defense

Defense Date, Time, and Location:

Defense Date: _____

Defense Time: _____

Defense Location: _____

Committee & Department Confirmation:

Committee Member Name	Department	Signature & Date
1. <i>Committee Chair</i>		
2.		
3.		
4.		
5.		

Program Chair **If Applicable**

Date

Graduate School Dean

Date